

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38819

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Marshall</u> <u>0972</u> <u>0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp.</u>				Length of stay in ib <u>13 Yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>419 N. Grant</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Daniel</u> Last <u>Tofflemire</u>				4. DATE OF DEATH <u>Oct. 28-1957</u> Month <u>Oct</u> Day <u>28</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 23-1888</u> <u>68</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gov. Food Inspector-Dep't of Agriculture</u>				9b. AGE (In years last birthday) <u>68</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gov. Food Inspector-Dep't of Agriculture</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph, Mo.</u>			
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Charles J. Tofflemire</u>				14. MOTHER'S MAIDEN NAME <u>Julia Sullivan</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War I</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Charles Tofflemire-Marshall, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Abdominal Ulcer & Gangrene</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>260X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5/31/57</u> to <u>Oct 28 1957</u> and last saw her alive on <u>Oct 28 1957</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert C. Haynes M.D.</u>				22b. ADDRESS <u>Marshall Mo.</u>		22c. DATE SIGNED <u>11/1/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>11/4/57</u>		<u>Catholic Cemetery</u>		<u>420 S. W. - Cameron, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>J. Lee Lee, Successor Marshall</u>				25. DATE RECD. BY LOCAL REG. <u>11-2-57</u>		26. REGISTRAR'S SIGNATURE <u>Cecil S. Reed</u>	

(Licensed Embalmer's Statement on Reverse Side)

1300

NOV 6 1957

NOV 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *William E. Free*.....

Licensed Embalmer No. *473*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.